PTO/SB/82 (01-08)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

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	Application Number	10/552,452
	Filing Date	4/7/2004
	First Named Inventor	Kitzi et al.
	Art Unit	•
	Examiner Name	
	Attorney Docket Number	15485

I hereby revoke all previous powers of attorney given in the above-Identified application.						
A Power of Attorney is submitted herewith.						
OR I hereby appoint the practitioners associated with the Customer Number: 000293						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 000293						
Firm or Individual Name						
Address Suite 408, 2111 Eisenhower Avenue						
City	Alexandria	State	VA		Zip	22314
Country	US					
Telephone	703 415 2555		Email d	owell@dowellpc.c	vell@dowellpc.com	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
Signature Signat						
Name Adda Kital						
Date Co.	× 11. 2006	Ť	elephone	905-8	773	- 31 44
NOTE: Signatures of all the inven	ntors or assignass of record of the entire interest of	r their re	prosontilive(s		2	
signature is required, see balon". (7) "Total of 3 forms are submitted.						
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This collection of information is required by 37 CFR 1.36. The Information is required to obtain or read a benefit by the public which is to file (and by the USPTO to precess) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tracement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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Filing Date	4/7/2004
First Named Inventor	Kital et al.
Art Unit	
Examiner Name	
Attorney Docket Number	15485

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR							
t hereby appoint the practitioners associated with the Customer Number: 000293							
Please change the correspondence address for the above-identified application to:							
The address associated with Customer Number: 000293							
OR		• •					
Firm or Individual Name	Raiph A. Dowell of DOWELL & DOWELL.	P.C.					
Address Suite 408, 2111 Eisenhower Avenue							
City	Alexandria	State	VA	· · · · · · · · · · · · · · · · · · ·	Zip	22314	
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Telephone 703 415 2555			Email	dowell@dowellpc.c	gdowellpc.com		
I am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
	SIGNATURE of Applicant	or Ass	Ignee	of Record			
Signature 2	2014		•				
Name Zhimei Jiang							
	12,2006		lephone		668	0570	
NOTE: Signatures of all the inventignature is required, see below".	tors or assignees of record of the entire interest or	their repr	esentative	(s) ere required. Submi	it multipte	forms if more than one	
Total of 3	crme are submitted.						

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an epolication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradsmark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADGRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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	Application Number	10/552,452	
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	First Named Inventor	Kital et al.	
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THE THE PARTY OF T	Attorney Docket Number	15485	

i hereby revoke all o	revious powers of attorney given	in the above-iden	itified application	on.		
<u> </u>	may is submitted herewith.					
OR 1 hereby appoint	t the practitioners associated with th	e Customer Numb	er;	000293		
Please change the correspondence address for the above-identified application to: The address associated with						
Customer No		000293				
Firm or Individual Name	Reigh A. Dowell of DOWELL & DOWELL, I	P.C.				
Address	Sulte 406, 2111 Eisenhower Avenue					
City	Alexandria	State VA	Zip	22314		
Country	US					
Telephone	703 415 2555	Email dowe	fl@dowellpc.com			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE of Applicant		cord			
Signature	knen		4.4			
Name Ken Cook						
Date / De	= 21/06	Telephone				
NOTE: Signatures of all the inventi signature is required, see below."	ors or assigneds of record of the entire interest or ti	heir representative(s) are n	equired. Submit multiple	forms it more than one		
7	orms are submitted.			-		

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